DOCUMENT RESUME

ED 157 876 SP 012 864

AUTHOR Pigg, R. Morgan, Jr.
TITLE Guidelines for the Podiatrist in the School Health Program.
PUB DATE Jun 78
NOTE 6p.
JOURNAL CIT Journal of the American Podiatry Association; v68 n6 p444-448

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS *Guidelines; Health Programs; Physical Education; *School Health Services; *Special Health Problems
IDENTIFIERS *Podiatrists

ABSTRACT

These guidelines were compiled to provide a model for integrating the services of the podiatrist into the health program of the school. The guidelines are intended to enable the podiatrist to supplement or complement the services of other medical specialists involved in the school health program. The scope of the guidelines encompasses the complete range of potential activities of the podiatrist in the school. (Author)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Louis G. Buttali
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

ED157876

Guidelines for the Podiatrist in the School Health Program*

R. MORGAN PIGG, JR., HSD†

The following guidelines have been compiled to provide a model for integrating the services of the podiatrist into the health program of the school. In preparing the guidelines, the assumption was made that the podiatrist is a medical specialist capable of contributing in a unique and meaningful way to the improvement of the total school health program.

The guidelines are intended to enable the podiatrists to supplement or complement (not replace) the services of other medical specialists involved in the school health program. The scope of the guidelines is intended to encompass the complete range of potential activities of the podiatrist in the school. As a result, the guidelines may appear to be somewhat comprehensive and definitive. However, the reader should note that the guidelines are intended to suggest ways for increasing the involvement of the podiatrist and do not necessarily represent current practice or thought. In actuality, a number of the suggested guidelines could easily be implemented through relatively minor modifications of existing school health program policies and procedures. If the guidelines are implemented, an effective, comprehensive podiatric health program should result.

The guidelines are arranged under nine categories representing the major areas of responsibility of the podiatrist in the school program. Each guideline is written as a statement and is intended to assist in delineating the characteristics and responsibilities of the category to which it is assigned. By incorporating the outline statement format, the guidelines are succinctly stated and easily categorized. While an effort was made to eliminate redundancy, a certain degree of repetition was necessary to ensure that each of the nine categories was of sufficient scope to be autonomous. The nine categories include:

I. School Administrative Policies Concerning the Podiatrist
II. School Health Service Program Policies and Procedures
III. The Podiatric Examination
IV. Counseling and Follow-Through Procedures
V. The School Program for the Handicapped
VI. The School Physical Education Program
VII. The School Athletic Program
VIII. The School Health Guidance Program
IX. The School Health Instruction Program

Hopefully, the preparation of the guidelines will encourage the involvement of podiatrists in local school health programs, thereby bringing the services of a uniquely qualified medical specialist to the school children of America. The preparation of the guidelines is a first effort and any suggestions for improvement are welcomed. The author wishes to express appreciation to the panel of specialists in health education and podiatry who graciously consented to participate in the preliminary evaluation of the guidelines. Special appreciation is due to E. Dalton McGlamry, D.P.M., of the American Podiatry Association for his long-term interest in and support of the project.

I. School Administrative Policies Concerning the Podiatrist

1. The services of a podiatrist are available to the school.
2. The school podiatric staff is adequate in size to meet the needs of the school population.
3. Policies concerning the responsibilities of podiatrists working in the school health program are clearly defined.
4. The policies are interpreted to students, parents and other school personnel.
5. The policies are reviewed and revised periodically.
6. School podiatric personnel are paid a definite salary.
7. Part-time podiatric personnel are paid at a rate equivalent to full-time personnel.
8. Depending on local circumstances, the services of a school podiatrist are provided through:
   a. Direct employment by the school system.
   b. Contracts with the local health department.

* Compiled by Dr. Pigg in cooperation with the American Podiatry Association.

† Assistant Professor of Health Education, University of Georgia. *Mailing address:* 110 Woodland Way, Athens, Georgia 30606.

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

3P012 860

c. Arrangements with local podiatric associations.

9. The school podiatrist assists in the development of school health policies.
10. The school podiatrist serves on the school health committee.
11. Both male and female podiatrists are employed where appropriate.
12. School podiatrists are given faculty status privileges.
13. The student podiatrist serves as an advisor in matters relating to the impact of the physical environment of the school on the podiatric health of the student body and faculty.
14. The school podiatrist periodically inspects the school building and grounds for potential podiatric hazards.
15. Recommended qualifications and responsibilities of the school podiatrist include:
    a. A D.P.M. degree from an approved college of podiatric medicine.
    b. A license to practice in the state.
    c. An understanding of public or community health.
    d. An understanding of the principles and practices of education.
    e. Attendance at faculty and staff meetings when appropriate.
    f. Completion of appropriate continuing education programs.
16. The school podiatrist is encouraged to hold membership in and participate in programs of organizations such as:
    a. The American Podiatry Association.
    b. The American School Health Association and/or the Association for the Advancement of Health Education.
    c. The American Public Health Association.
    d. Appropriate local, state and national podiatric associations.
    e. Appropriate local, state and national health-related organizations.
17. In-service programs in health education are conducted for members of the school podiatric staff.
18. All school personnel are informed about the role of the school podiatric staff during health education in-service programs.
19. Evaluation and improvement of services provided by the podiatric staff are considered during health education in-service programs.

II. School Health Service Program Policies and Procedures

1. The school podiatrist serves as a consultant in the planning of school health service facilities.
2. The names and phone numbers of local podiatrists are posted in the school administrative offices.
3. Student podiatric emergencies are immediately referred to the family podiatrist where appropriate.
4. Local podiatric organizations share in the planning of the school health service program.
5. Community podiatric personnel are utilized to provide consultation services to the school.
6. The school provides those podiatric services required by a majority of the student population.
7. Only those podiatric services that can be maintained efficiently are provided.
8. The podiatrist uses student visits to the school health service facility as an opportunity for health instruction.
9. Podiatric personnel possess adequate protection against malpractice and related legal actions.
10. Faculty members are familiar with the characteristics of common podiatric problems.
11. Procedures exist to enable faculty members to refer students with suspected podiatric problems to the health service.
12. Proper body alignment in sitting, standing and walking is stressed by faculty members.
13. Podiatric health problems are recorded on the student health record.

III. The Podiatric Examination

1. Podiatric examinations are periodically given to every school student.
2. Student podiatric examinations are conducted:
    a. Upon entrance to school.
    b. During the intermediate grades.
    c. During the junior high/middle school grades.
    d. Prior to graduation from high school.
3. The podiatric staff, the school health service staff and the school health committee cooperatively plan the podiatric examination.
4. The school podiatrist cooperates with community podiatrists in planning for pre-school podiatric programs.
5. The podiatric examination is individualized, comprehensive and of good quality.
6. School health personnel utilize the results of the podiatric examination as a basis for counseling students.
7. Faculty members and health service personnel receive instruction in methods for preparing students for the podiatric examination.
8. Methods utilized to prepare students for the podiatric examination include lectures, audio-

visual presentations, class discussions and printed materials.

9. The podiatric examination is planned to contribute to the health education of the student.
10. Sites for the conduct of the podiatric examination may include the family podiatrist's office, the school health service suite or the local health department.
11. Examinations conducted by the school podiatrist are intended to provide a general appraisal or screening as opposed to a detailed diagnosis.
12. The school podiatrist refers cases requiring a detailed diagnosis or specialized treatment to the family podiatrist or other appropriate medical specialist in compliance with school referral policies.
13. Parents are encouraged to have the student podiatric examination conducted by the family podiatrist.
14. Podiatric examinations are scheduled uniformly throughout the school year.
15. The school allocates time during the school day for the podiatric examination.
16. Students receive a specific appointment for podiatric examinations conducted in the school.
17. Parents are encouraged to be present for podiatric examinations (especially at the elementary level).
18. Prior to beginning the examination program, a planning session is conducted for all podiatric personnel.
19. Adequate time is allocated for the conduct of each podiatric examination.
20. Students are appropriately clothed for the podiatric examination.
21. If appropriate, older students are provided with examination robes when the podiatric examination is part of a general medical examination.
22. If appropriate, male and female students are examined separately when the podiatric examination is part of a general medical examination.
23. The student's health history is reviewed prior to the podiatric examination.
24. The results of screening tests are reviewed prior to the podiatric examination.
25. Students displaying physical deviation from normal in the foot or lower leg receive a special podiatric examination.
26. A special podiatric examination is required for students referred by the school nurse.
27. Students returning to school without a re-entry slip after serious injury to the foot or lower leg receive a special podiatric examination.
28. A special podiatric examination is recommended for transfer students without a record of a recent podiatric examination.
29. The findings of all podiatric examinations are reported to the parents.
30. Where appropriate, parents are encouraged to seek podiatric care for children in need of assistance.
31. Community podiatrists routinely provide podiatric information to the school podiatric staff by letter or on school forms.
32. Information from podiatric examinations is available to faculty members and other school personnel having a professional use for the information.
33. Faculty members receive instruction in the interpretation and use of information from the podiatric examination.
34. Complete podiatric examinations are arranged for indigent students.
35. The podiatric examination includes but is not limited to consideration of:
    a. Shoe wear (medial, lateral or midline heel wear).
    b. Posture (general standing posture, ankle pronation, ankle supination).
    c. Skin (plantar warts, excessive sweating or dryness, skin allergies, nail abnormalities).
    d. Gait analysis (toe-in gait, toe-out gait, muscular imbalance).

IV. Counseling and Follow-Through Procedures

1. The school has written policies to insure the continuous counseling, referral and follow-through of podiatric disorders.
2. School nurses and faculty members participate in the follow-through program.
3. Counseling services are provided at the elementary school, junior high/middle school and senior high school levels.
4. Both personal and vocational counseling services are provided.
5. One individual in the school serves as a counselor for students with podiatric health problems.
6. The podiatric health counselor obtains information about students with podiatric health problems from podiatric examinations, teacher observations, psychologic examinations, student health histories and case conferences.
7. Follow-through procedures begin when a podiatric health problem is detected and conclude when the problem is corrected.
8. Local and state resources are utilized in the correction of podiatric health problems.
9. Periodic screening examinations are adminis-

tered to students requiring continuing podiatric attention.

10. The responsibility for the correction of podiatric disorders is shared by the student, the home and the school.
11. Specific procedures exist to ensure that the correction of podiatric disorders has been or is being accomplished.
12. Student health records are periodically reviewed to determine if podiatric disorders noted in the records have been corrected.
13. When podiatric disorders are corrected, the information is recorded on the student health record.
14. Students with scheduled appointments for the correction of podiatric disorders are provided with released time from school.
15. The school assists indigent students with podiatric disorders in obtaining correction of the problem.

V. The School Program for the Handicapped

1. The school program for the handicapped includes special education and services for children with podiatric health problems.
2. All school personnel understand and use the special podiatric programs provided by the school.
3. Special consideration is given to the social and emotional health of the student with podiatric disorders.
4. Parents are counseled concerning the special problems of students with podiatric disorders.
5. Students with podiatric disorders are identified through school screening programs and through referral by community podiatrists.
6. School census takers obtain information related to podiatric disorders.
7. Faculty members receive special instruction in observing for podiatric disorders.
8. The school podiatrist serves as a consultant to faculty members concerning podiatric disorders.
9. The school nurse receives special instructions related to podiatric disorders.
10. Handicapped students with podiatric disorders are referred to community podiatrists for diagnosis and treatment.
11. Community podiatrists provide the school with information concerning handicapped students with podiatric disorders including:
    a. The severity of the disorder.
    b. Guidelines for proper levels of rest and activity at school.
    c. Therapy and medication requirements at school.
    d. The prognosis for improvement and/or cure.
12. The school podiatrist provides information to the school evaluation committee on the academic placement of handicapped students with podiatric disorders.
13. The school evaluation committee has established criteria on the academic placement of handicapped students with podiatric disorders.
14. Instruction of handicapped students with podiatric disorders may occur in regular classes, in special classes, at home or in the hospital.
15. Handicapped students with podiatric disorders are integrated into regular classes where feasible.
16. The school arranges transportation to special facilities if special classes are not available in the school.
17. Handicapped students with podiatric disorders in special classes receive credit toward graduation and receive a diploma like nonhandicapped students.
18. Kindergarten and early childhood programs are available for handicapped children with podiatric disorders if such programs are available to other children.
19. The school and community cooperate in providing vocational and domestic activities for handicapped students with podiatric disorders.
20. Handicapped students with podiatric disorders are periodically re-evaluated to determine if the condition is changing.

VI. The School Physical Education Program

1. A podiatric examination or comprehensive screening is recommended for all students participating in school physical education programs.
2. The podiatrist recommends either regular or restricted physical activity based on the results of the podiatric examination or screening.
3. All students are classified for participation in the physical education program by the school or family podiatrist.
4. The physical education program for each student is modified if necessary, based on the results of the podiatrist's classification.
5. When appropriate, students are classified by the podiatrist for assignment to the school adapted physical education program.
6. The school adapted physical education program is cooperatively planned by school and family

podiatrists, physical educators and other appropriate personnel.
7. The podiatrist serves as a consultant to the physical education faculty in planning appropriate activities for the adapted physical education program.
8. The podiatrist assists in the periodic evaluation of the adapted physical education program.
9. Students returning to physical education activities after receiving foot or lower leg injuries are required to obtain the written consent of the attending podiatrist or other appropriate medical specialist.
10. The podiatrist assists in the selection of proper footwear and leg protection equipment for all physical education activities.
11. The podiatrist refers physical education students in need of special diagnosis or treatment to the family podiatrist or other medical specialists if appropriate.

VII. The School Athletic Program

1. A podiatric examination is required before students are allowed to participate in school intramural and interscholastic sport programs.
2. Based on results of the podiatric examination, the podiatrist suggests full participation or restricted activity in the sport programs.
3. Both male and female students receive a podiatric examination before each sport season (or annually as a minimum).
4. If appropriate, a statement from the attending podiatrist is required before an injured athlete is allowed to return to competition.
5. Athletes receive appropriate instructions for safely recovering from foot and lower leg injuries.
6. A podiatrist is either present or on call for intramural and interscholastic sports events and practice sessions where feasible.
7. The podiatrist assists in the selection of proper footwear and leg protection equipment for all sports.
8. The podiatrist serves as a consultant to the school athletic staff in matters of health related to the foot and lower leg.
9. The podiatrist assists the school athletic staff in evaluating the environment in which intramural and interscholastic sport events are to be conducted.
10. The podiatrist refers student athletes in need of special diagnosis or treatment to the family podiatrist or other medical specialists as appropriate.

VIII. The School Health Guidance Program

1. The school podiatrist plays an active role in the school health guidance program.
2. Students with health problems involving the foot and lower leg are counseled by the school podiatrist as necessary.
3. The school faculty have received training from the school podiatrist in guidance techniques related to podiatric disorders.
4. General in-service education programs concerning health guidance for podiatric disorders are periodically provided for all school faculty members.
5. Counseling concerning podiatric disorders is designed to assist the student in resolving both immediate and life-long problems.
6. Student school health records concerning podiatric disorders are interpreted to students, parents and faculty members.
7. Case conferences are conducted to assist students with special podiatric problems in adjusting socially and emotionally.
8. Faculty members are included in podiatric case conferences.
9. Students with podiatric problems receive guidance in establishing a balanced program of work, study and leisure activities.

IX. The School Health Instruction Program

The school podiatrist participates in the school health instruction program by:

A. Giving presentations to classes and other groups.
B. Distributing printed materials on podiatry and foot health to students.
C. Participating in the general planning of the school health education curriculum.
D. Assisting in the evaluation of instructional materials utilized in the school health program.
E. Serving as a general source of information for faculty, staff and parents.
F. Providing faculty members with abstracts of recent podiatric research.
G. Promoting the acquisition of accurate health knowledge, sound health attitudes and positive health behavior through the school health service program.
H. Cooperating in coordinating health instruction and health service activities.
I. Aiding in the selection and training of school health service program personnel.